

## Coding Guidelines

### LCD Title

Cranial Stereotactic Radiosurgery (SRS) and Cranial Stereotactic Radiotherapy

### Contractor's Determination Number

RAD018

### CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act section 1833 (e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Medicare National Coverage Determinations Manual, Publication 100-3, Chapter 1, Part 2, Section 160.4 (formerly CIM 35-84)

Medicare Program Integrity Manual, Chapter 13.7.1 and Chapter 13.11, E, 3.

### Stereotactic Radiosurgery and Stereotactic Radiotherapy – Coding Guide

The conduct of a course of radiation therapy includes an episode of care with steps of consultation, clinical treatment planning, establishment of treatment parameters, and treatment delivery & management. It is expected that professional and technical components billed to Medicare on behalf of a beneficiary are medically necessary and reasonable with no duplication of services within the episode of care unless the medical necessity of the repeated or duplicated services is clearly documented. If multiple providers are involved in the patient's episode of care, clinical treatment planning, establishment of treatment parameters, and treatment delivery & management should be appropriately coordinated.

1. When stereotactic radiosurgery or radiotherapy is performed in the hospital outpatient setting the technical component is paid under the hospital outpatient prospective payment system (OPPS). Most services of this kind are furnished in the in-patient or out-patient hospital setting.
2. There is no specific payment method for these services in a free-standing or office setting.

CPT/HCPCS Code	Description	Coding
61796, 61797, 61798, 61799, 63620, 63621		PCTC 0 Physician service only code Reported for work attributed to neurosurgeon or surgeon Same physician cannot report 77427-77432
77371	Radiation Treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting of 1 session; multi-source <b>Cobalt 60 based</b>	Technical charge only. Code recognized in OPPS and MFSDB
77372	Radiation Treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting of 1 session; <b>linear accelerator based</b>	Technical charge only Code recognized in MFSDB only. In OPPS use G0173 or G0339

*G0251	Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum five sessions per course of treatment	Hospital Outpatient only Recognized only in OPPS. Not recognized in MFSDB where it has an E indicator. Non- robotic multifraction, Linac based (for reporting fractions 1-5)
G0173	<b>Linear accelerator</b> based stereotactic radiosurgery, complete course of therapy in one session	Non- robotic – Recognized only in OPPS. Not recognized in MFSDB where it has an X indicator.
G0339	Image-guided robotic <b>linear accelerator</b> -based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Robotic - Code recognized by OPPS and MFSDB
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	Robotic - Code recognized by OPPS and MFSDB
*77373	Stereotactic body radiation therapy, Treatment delivery, per fraction to 1 or more lesions, including image Guidance, entire course not to exceed 5 fractions	This code is used only in the freestanding facility.  Technical code for up to but no more than 5 fractions in the freestanding setting. This code can also be used for fractional treatment s of 2-5 fractions. This code includes all image guidance on the day of treatment delivery; therefore do not report 77373 in conjunction with 77421 or 77014 on the days of treatment delivery.
77432	Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)	Generally reflects the work by the radiation oncologist. For use of single fraction, complete course of therapy PCTC 2 – Professional component only code. 77432 and 77470 are not payable on the same date of service.
*77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Professional charge for treatment management performed by the radiation oncologist. This code can only be reported once for the entire episode of care  This code should not be reported with codes 77427-77432

3. Other radiation oncology professional and technical services required prior to the delivery of SRS are coded separately and may be appropriately billed by the radiation oncologist, when necessary, appropriate and consistent with Medicare policy. These codes are addressed in LCD: RAD 014.
4. After SRS, if either the radiation oncologist or the neurosurgeon is not fully participating in the patient's care, that physician must take care to indicate this change by use of the appropriate -54 modifier (followed by any appropriate -55 modifier) on the global procedure(s) submitted.